

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

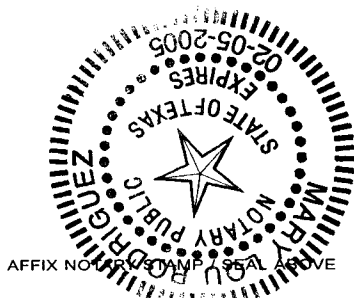
The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr JOEL NICKNAME LAST SUFFIX Williams		OFFICE USE ONLY RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR - 3 P 4:57
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3551 BOTTOMLESS LAKE SAN ANTONIO, TX 78222		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr CHARLES D NICKNAME LAST SUFFIX REED		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3602 HERRON COURT SAN ANTONIO, TX 78217		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 599-0950		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year JAN / 18 / 03 THROUGH APR / 03 / 03		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special MAY / 03 / 03		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City Council District 2	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name _____ Address / PO Box; Apt. / Suite #; City; State; Zip Code _____		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME JOEL WILLIAMS		15 ACCOUNT # (Ethics Commission filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p>		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE TO ELECT JOEL WILLIAMS	
	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		CHARLES REED	
	COMMITTEE CAMPAIGN TREASURER NAME		
	3602 HARMON CT		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,400
	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 2,270
	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

JOEL WILLIAMS
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **JOEL VANCE WILLIAMS**, this the **3rd** day of **APRIL**, 20 **03**, to certify which, witness my hand and seal of office.

Mary Lou Rodriguez
Signature of officer administering oath

MARY LOU RODRIGUEZ
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**Political Contributions
Other Than Pledges or Loans**

January 18, 2003 thru April 3, 2003

SCHEDULE A1

Date	Full Name of Contributor	Amount of Contribution	In Kind Contribution Description
February 28	Charles Hunt 1602 E. Commerce SATX 78210	600.00	Rent
March 04	Abraham Emerson 1351 Onslow SATX 78202	100.00	
March 20	Lucille Johnson 307 Harding Place SATX 76210	100.00	
March 24	Barbeque Fundraiser 21-22 March Cowan Center	2,300.00	
Mar 30	Pawnee Williams 3551 Bottomless Lake SATX 78222	250.00	
March 30	Selena Bell 315 Hub Ave SATX 78220	50.00	

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR -3 P 4:56

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$			
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor		16 Amount Guaranteed (\$)
	15 Guarantor address; City; State; Zip Code		
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS		January 18, 2003 thru April 3, 2003		SCHEDULE E	
Date	Full Name of Contributor	Amount of Contribution	In Kind Contribution Description		
March 10	Joel V. Williams 3551 Bottomless Lake SATX 78222	5,000			
			RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR - 3 P 4: 51		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee nameAmount
(\$)**6** Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

Political Expenditures		January 18, 2003 thru April 3, 2003		SCHEDULE F
Date	Payee Name-Address-City	Purpose of Payment	Amount of Expenses	
January 29	US Postal Service	P.O.Box Rent	21.00	
January 29	Emmanuel AME	Women's Day	100.00	
March 3	St Phillip's Episcopal Church-	Advertisement	100.00	
March 4	Home Depot 527 Fair Ave SATX 78223	Office Supplies	72.00	
March 10	SAMs Club SATX	Fundraiser	147.00	
March 10	Toudouze Market 800 Buen Vista SATX 78207	Fundraiser	40.00	
March 19	P Williams 3551 Bottomless Lake SATX 78222	Fundraiser	100.00	
March 20	Election Services 4958 Military Drive West SATX 78242	Mailer	800.00	
March 20	HEB WW. White Rd SATX	Fundraiser	81.72	
March 21	Country Boys Meat Market SATX	Fundraiser	209.00	

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR - 3 P 4: 51

Political Expenditures		January 18, 2003 thru April 3, 2003	SCHEDULE F
Date	Payee Name-Address-City	Purpose of Payment	Amount of Expenses
March 27	Allied Advertising 3700 Blanco Rd SATX 78212	Signs	300.00
March 27	Election Services 4958 Military Drive West SATX 78242	Consulting Service	300.00

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR - 3 P 4: 51